



2014-2015 NEAR EAST, SOUTH ASIA, & SUB-SAHARAN AFRICA UNDERGRADUATE EXCHANGE PROGRAM RECOMMENDATION FORM

A program of the Bureau of Educational and Cultural Affairs, U.S. Department of State

Applicant Name: _____

Country/Locale: _____

Recommender Name: _____

Title: _____ Institution/Organization: _____

Work Address: _____

Work Telephone: _____ Work Email: _____

This form may be completed by a supervisor at work, a professor/academic advisor/dean, or a community leader who knows the applicant well and is familiar with the applicant's academic and/or professional work. Relatives and friends of the applicant may not complete this form. This form should be completed in English. All recommendations should be signed at the bottom. Return the completed recommendation form to the applicant to be submitted with the application.

1. How long have you known the applicant?

2. In what capacity have you known the applicant?

☐ Teacher/Professor

☐ Supervisor

☐ Academic Advisor

☐ Other _____

3. Please evaluate the applicant in terms of the traits below:

Trait	Excellent	Good	Fair	Poor	Not Applicable
Leadership Potential					
Creativity					
Flexibility					
Communication Skills					
Respect for Others					
Interest in Community					

Applicant Name: _____



Service					
Interest in other cultures					
Maturity					

- ☐ Recommend with confidence
☐ Recommend with reservation
☐ Do not recommend

- [illegible]

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This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

SIGNATURE

By my signature, I certify that, to the best of my knowledge, the information provided in the letter of recommendation is accurate.

Recommender Signature: _____

Date (mm-dd-yyyy): _____

Applicant Name: _____